

Registration District No. 282

Primary Registration District No. 3401

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Campbell Rural
(c) Name of hospital or institution: Union Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether)
In this community 1
years, months or days

3. (a) PRINT FULL NAME

Theodore Jackels

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Male

5. Color or race W

6. (g) Single, widowed, married, divorced -

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive 3 years (Day) (Year)

7. Birth date of deceased Jan (Month)

3 (Day)

1941 (Year)

8. AGE:

Years

Months

Days

If less than one day

82

unknown

hr. min.

9. Birthplace

unknown (City, town, or county)

9 (State or foreign country)

10. Usual occupation

Corn Planter

11. Industry or business

unknown

12. Name

unknown

13. Birthplace

11 (City, town, or county)

9 (State or foreign country)

14. Maiden name

11

15. Birthplace

11 (City, town, or county)

9 (State or foreign country)

16. (a) Informant

Rev Father Peters

(b) Address

Bellevueville Mo

17. (a)

Burial (Burial, cremation, or removal)

(b) Date thereof Jan 6-41 (Month) (Day) (Year)

(c) Place: burial or cremation

Bellevueville

18. (a) Signature of funeral director

Raymond J. Janssen

(b) Address

Campbell Mo

19. (a)

1/5/41 (Date received local registrar)

(b)

Raymond Janssen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell Rural
(If outside city or town limits, write "RURAL")
(d) Street No. -
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Jan

day

3

year 1941

hour

6

minute

45 A.M.

21. I hereby certify that I attended the deceased from

Jan 2nd, 1941, to -, 1941;
that I last saw him alive on Jan 2nd, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coler Pneumonia

Duration

48 hrs?

Due to

Due to

Other conditions

Senility
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 251
(Specify type of place) (e) Means of injury -

23. Signature

Wallace Selby

(M. D. or other) MD

Address

Campbell Mo

Date signed 1/31/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number 241-19

Date Filed 2/10/49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2490

Registration District No. 282

Primary Registration District No. 5401

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Union T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Theodore Jackels

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex M
5. Color or race W

6. (a) Single, widowed, married,
divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if
alive _____ years

7. Birth date of deceased Jan-2-1941
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days -
If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH

Month Jan day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Halper & Belser (M. D. or other) _____

Address Campbell Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

Day & Month of Birth unknown
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

